PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  04 559344														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA TYP		ENTITY	OR	OTHER		
FC	R		NUMBER FILED			NUMBER EXTRA		RAT	E	FEE	7	RATE	FEE	
ВА	SIC FEE							12 € Σ' ξ'	``	345.00	OR		690.00	
TO	TAL CLAIMS		// minus 20=			•		X\$ 9	=		OR	X\$18=		
	EPENDENT CL		minus 3 =			*		X39	=		OR	X78=		
MU	MULTIPLE DEPENDENT CLAIM PRESENT /										OF	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	<b>NL</b>		OR	TOTAL	1090-	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENTA		CI REM A AME			PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	14	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	NTATIO	2.	Minus	PENII		=	X39=	-		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									=		OR	+260=		
									TAL EE		OR	TOTAL ADDIT. FEE		
			umn 1) AlMS	·		Column 2)	(Column 3)	•	(		•			
AMENDMENT B	7/22/4	7/22/4 REN A AMEI			Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	Ξ	ADDI- TIONAL FEE		FOATE	ADDI- TIONAL FEE	
	Total	•	9	Minus	20		= .	X\$ 9	ţ		OR	X\$18		
	Independent FIRST PRESE	NTATIO	N OF MU	Minus JLTIPLE DEF	PENE	ENT CLAIM	<u> </u>	X39=			OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-		OR	+260=		
		TOT ADDIT. F	AL EE		OR	TOTAL ADDIT. FEE								
(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST														
AMENDMENT C		REM. AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		=	X\$ 9=			OR	X\$18=	.,	
	Independent	•		Minus	***		=	X39=	1		3	X78=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╅		OR			
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											OR	+260=		
1	f the "Highest Nur f the "Highest Nur The "Highest Nurn	nber Pre	viously Pa	id For" IN THIS	SPA	ACE is less that	n 3, enter "3."	ADDIT, FE	EL			ODIT. FEE		

Application or Docket Number